

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 624 Hebron Ave		Amount 6495.45	
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VN7A7A2CXA4
Purpose of Expenditure Mailhouse	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016	
Name of Federal Candidate Susannah Randolph		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President <input type="checkbox"/> State: FL	
Calendar Year-To-Date Per Election for Office Sought 114799.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2016	
Mailing Address 624 Hebron Ave		Amount 3247.73	
City Glastonbury	State CT	Zip Code 06033-2470	Transaction ID : VN7A7A2CXB2
Purpose of Expenditure Mailhouse	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016	
Name of Federal Candidate Dena Grayson MD, PHD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President <input type="checkbox"/> State: FL	
Calendar Year-To-Date Per Election for Office Sought 114799.04		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9743.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2016

Signature